

FILED APR 17 1942 4791

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4421 Louisiana Ave., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Arnold Minder
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Susana Minder 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 1, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
10. Usual occupation Machinist

11. Industry or business _____
12. Name John Ulrich
13. Birthplace Switzerland 5
(State or foreign country)
14. Maiden name Mary Gerber
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Minder
(b) Address 4421 Louisiana Ave.,
17. (a) Burial (b) Date thereof 4-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Southern Funeral Home
6322 South Grand Blvd.
(b) Address _____

19. (a) APR 7 1942 J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15 mo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4421 Louisiana Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1942 hour 8:30a minute _____ M.

21. I hereby certify that I attended the deceased from Feb - 14, 1942 to Apr 5, 1942
that I last saw him alive on Apr 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Arterio Sclerosis
Due to: Sensitivity
Other conditions (Include pregnancy within 3 months of death) 73

Duration 3yr
PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. F. Predeck (M. D. or other) 4/6/42
Address 30145 Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. H. M. Kinney
3014 S. Jefferson.
11 to 12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Virgil L. Berryman

.....
Licensed Embalmer No.....

4018

P. O. Address.....

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.